



MRI Order Instructions

MRI ORDER FORM

*The patient <u>cannot</u> have an MRI if they have a pacemaker, pacer wires, defibrillator, cerebral or arterial aneurysm clips.	
Patient Name:	Patient Date of Birth:
Appointment Date:	Time:
Body part to be imaged:	
Is the patient: 🔲 claustrophobic? 🔲 over 350 lb.? 🔲 diabetic? Has the patient: 🔲 worked with metal?	
If YES to any of the above, please call 319-33	38-3606 and speak with a scheduler.
History:	
	Pre-cert# No
Signature of Physician:	
Name of Physician (print):	
Physician NPI:	
Fax report to Dr	Fax #

PLEASE BRING THIS FORM AND YOUR INSURANCE CARDS WITH YOU WHEN YOU REPORT FOR YOUR MRI





Iowa City

2751 Northgate Dr Iowa City, IA 52245



Washington

400 East Polk Street Washington, IA 52353



Burlington

2750 Mt. Pleasant Street, Suite 112 Burlington, IA 52601



Williamsburg

819 S Highland St Williamsburg, IA 52361



Fairfield

2000 South Main Street Fairfield, IA 52556



Keosauqua

304 Franklin Street Keosauqua, IA 52565



Muscatine

2104 Cedarwood Drive, Suite 102 Muscatine, IA 52761